

# INDIANA STATE CORONERS TRAINING BOARD

## APPLICATION FOR TRAINING GRANT FUNDS

PLEASE READ THESE INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE APPLICATION

Your Indiana State Coroners Training Board (hereafter the ISCTB) has established this grant to provide assistance to those County Coroners and their Deputies who have a need for education and whose budgets may not reflect a full understanding of the importance of the Coroner in his/her community by their county council.

Indiana State Coroners Training Board Grant Funds are to be used only as a supplement to regular line item training budget appropriations, not as a substitute to these funds and/or on going training activities. This should be a part of every Coroner's budget preparedness. Any County Coroner having difficulty in obtaining local training funds should contact the ISCTB or the Indiana State Coroners Association.

We do recognize that frustrations exist in several counties over the need for this funding and each Coroner, Councilman, and Commissioner needs to recognize the professionalism and expertise needed by death investigators at this time in history. The name of the game is TRAINING, TRAINING, and TRAINING.

In time, each and every Coroner and his/her Deputy will be required to develop an in-depth understanding of the medicolegal investigation of death and then maintain this expertise with regular continuing education. Your ISCTB will be sponsoring increased programs around the State to accomplish this. These Grants are an initial means to assist us in this endeavor.

The Training Grants will reimburse the following expenses in part or whole:

Registration	Travel	Lodging	Meal Allowance
Airport Parking	Ground Transportation		Some Printed Materials

**All applications must be submitted to the ISCTB. Those for in-state programs must be submitted at least 30 days prior to travel. Those for out-of-state travel must be submitted 60 days prior to travel.**

Requests for applications, completed applications, or questions about funding should be directed to:

Anthony Ciriello, Training Coordinator  
12265 North Creek Bend Lane  
Milford, IN 46542  
877-251-7845 (office/fax)

**After action is taken on the application you will receive a letter from the Indiana State Coroners Training Board apprising you of its decision.**

In order to qualify for consideration, all applicants must fill out the enclosed grant form and adhere to the following guidelines:

1. All applicants are subject to ISCTB approval. All decisions by the ISCTB are final.
2. All applicants must explain the need for training in their county and assert that there is a lack of local funds available for such training.
3. Successful applicants to the Training Grant Fund must follow the State of Indiana travel guidelines. Any amount exceeding these guidelines will be the responsibility of the applicant. These are the present guideline parameters:
  - a. ALL FLIGHT RESERVATIONS MUST BE MADE AT THE ECONOMY RATE.
  - b. The mileage reimbursement of \$0.28 per mile is good only to 500 miles. After 500 miles the rate drops to \$0.14 per mile.
  - c. The State will pay the lesser cost of the two forms of travel (air / automobile).
  - d. The maximum lodging rate in state is \$65.00 per night plus taxes. The State will only pay for single occupancy. Who you stay with is your business, but have the hotel indicate the single occupancy rate.
  - e. You need to request a "governmental rate" when making reservations.
  - f. Out of state lodging rates must reflect the average rate for the area visited. Only single room occupancy will be paid.
  - g. Per Diem is based on the time the individual leaves and the time of return. The maximum allowable in state is \$26.00 and out of state is \$32.00 per day based on two divisions. You must indicate the date and time that you leave and the date and time that you return.
  - h. Miscellaneous costs are covered on an individual basis. Ground transportation to and from airports is covered. Parking expenses at the airport are usually covered. Valet parking at the hotel is not covered. **You must be able to justify the expense.**

**WE MUST HAVE THESE ITEMS RETURNED TO: CTB, % Lisa Barker, 1643 West 800 South, Romney, IN 47981 IMMEDIATELY AFTER YOUR ATTENDANCE:**

1. THE COURSE EVALUATION FORM
2. A STATE OF INDIANA CLAIM FORM FILLED IN WHERE INDICATED AND SIGNED AND DATED.
3. A W-9 FILLED IN AND SIGNED AND DATED
4. THE AIRLINE TICKET RECEIPT (looks like part of the ticket, says receipt)
5. ORIGINAL REGISTRATION AND OR WORKSHOP RECEIPTS
6. ORIGINAL HOTEL BILL SHOWING ACCOUNT HAS BEEN PAID (must have \$0.00 balance)
7. ORIGINAL GROUND TRANSPORTATION AND PARKING RECEIPTS
8. MILEAGE FORM AND STATEMENT OF DEPARTURE/ RETURN

**REIMBURSEMENT WILL BE HELD UNTIL EACH OF THE ABOVE DOCUMENTS ARE IN OUR FILES**

***THE INDIVIDUAL APPLICANT IS ULTIMATELY RESPONSIBLE FOR ALL RECORD KEEPING RELATIVE TO REQUESTS BY THE INTERNAL REVENUE SERVICE FOR APPLICABLE AND DOCUMENTABLE MONEY EXCHANGE. BE SURE AND MAKE COPIES OF ALL DOCUMENTS FOR YOUR RECORDS. YOU KEEP THE COPIES***

WE DO NOT NEED YOUR MEAL RECEIPTS

Your home phone \_\_\_\_\_, your office \_\_\_\_\_, your fax \_\_\_\_\_

[illegible]

**ESTIMATED EXPENSES FOR \_\_\_\_\_**  
**TO ATTEND \_\_\_\_\_ ON \_\_\_\_\_**

<b>Estimated</b>	<b>Actual</b>
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<b>Tuition / Registration Fees</b> .....	\$	\$
<b>Transportation:</b> Airfare, round-trip.....	\$	\$
Automobile, ___ miles (500 max) at \$0.28 @ .....	\$	\$
Automobile, _____ miles (501 + ) at \$0.14 @ \$	\$	\$
Ground Transportation ( shuttle, bus, taxi, subway ).....	\$	\$
<b>Lodging:</b> Hotel, _____ days at _____ each .....total...	\$	\$
Hotel Taxes, _____ days at _____ each ....total..	\$	\$
<b>Per Diem:</b> Applicant will leave home at _____ am / pm, date _____		
Applicant will arrive home at _____ am / pm, date _____		
Applicant has _____ days at \$ 26.00 @, and/or..	\$	\$
_____ days at \$ 32.00 @, and/or.....	\$	\$
_____ days at \$ _____ @ ..... .....	\$	\$
<b>Miscellaneous:</b> Airport parking, ___ days, at _____ day.....total.	\$	\$
Hotel parking, _____ days, at _____ day.....total.	\$	\$
Textbooks / supplies.....	\$	\$

**Estimated Total..... \$                      \$                      Actual To**

This Estimated Total will be reviewed by the ISCTB. It may be adjusted. You will be notified of any changes. The amount designated by the ISCTB is THE AMOUNT THAT WILL BE RELEASED.

The actual total will be needed for reimbursement.

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**MILEAGE CLAIM AND DEPARTURE STATEMENT: YOUR PER DIEM IS BASED ON THIS FORM**

I, \_\_\_\_\_ (print name) certify that the following information is correct and valid and it is a proper claim against the applicable State Agency, Fund, and Center indicated.

I left my (home) (work station) in \_\_\_\_\_, Indiana at \_\_\_\_\_ (am) (pm) on this \_\_\_\_\_ day of \_\_\_\_\_, 2001 and drove to \_\_\_\_\_ (city) \_\_\_\_\_ (state)

I arrived in this city at \_\_\_\_\_ (am) (pm), and I had driven \_\_\_\_\_ miles.

I left \_\_\_\_\_ (city) \_\_\_\_\_ (state) at \_\_\_\_\_ (am) (pm) on \_\_\_\_\_, 2001 and drove to my (home) (work station) in \_\_\_\_\_, Indiana.

I arrived at \_\_\_\_\_ (am) (pm) and had driven \_\_\_\_\_ miles to return.

Check the following if applicable:

- ☐ I did not drive. I was a passenger in a car driven by \_\_\_\_\_.
- ☐ I did stay in a commercial lodging establishment. I shared a room with \_\_\_\_\_.
- ☐ I had lodging with friends. You must include a statement of this fact signed by keyholder in order to qualify for your per diem reimbursement.
- ☐ I drove each day of the meeting. You must complete the above mileage statement for each day.

signed \_\_\_\_\_

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**ATTACH ORIGINAL RECEIPTS HERE, PLEASE STAPLE**

☐ AIRLINE TICKET RECEIPT ☐ PAID HOTEL RECEIPT ☐ REGISTRATION AND WORKSHOP RECEIPT  
☐ GROUND TRANSPORTATION ☐ PARKING RECEIPT ☐ OTHER

## Indiana State Coroners Training Board Evaluation for Training Grant Requests

Please fill out the attached form completely.

1. Name of Course: \_\_\_\_\_  
\_\_\_\_\_
2. Date course was conducted: \_\_\_\_\_  
\_\_\_\_\_
3. Primary Instructor: \_\_\_\_\_  
\_\_\_\_\_
4. Length of course (in hours): \_\_\_\_\_
5. Course objectives: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. In what way (s) will this course most benefit you in your position as Coroner or Deputy Coroner?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. In what way (s) will this course be least beneficial to you in your position as Coroner or Deputy Coroner?

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8. Would you recommend this course to other Coroners? Why or Why Not?

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9. Any additional comments: \_\_\_\_\_

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\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(County)

\_\_\_\_\_  
(Date)

Please complete this form and return to Tony Ciriello, Training Director, within **one week** of completing training to receive reimbursement.

12265 North Creek Bend Lane  
Milford, IN 46542  
Or

877-251-7845 (fax)